LAPEER COUNTY COMMUNITY MENTAL HEALTH

Date Issued 07/03/2006

Date Revised 02/27/12; 12/29/14; 11/25/20; 02/10/22; 07/15/22

CHAPTER	CHAF		PTER	SEC	TION	SUBJECT	
Service Delivery		02	£	004		20	
SECTION		DESCRIPTION					
Clinical and Support Services		Pre-Screening for Inpatient Hospitalization and					
			Alternatives				
WRITTEN BY	REVISED BY				AUTHORIZED BY		
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	Co-Occurring Services						
	Supervisor						

APPLICATION:

⊠CMH Staff	☐Board Members	⊠Provider Network	⊠Employment
			Services Providers
□Employment	⊠Independent	⊠Students	⊠Interns
Services Provider	Contractors		
Agencies			
⊠Volunteers	⊠Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) provides Pre-Screening Services to determine the need for inpatient psychiatric hospitalization and/or alternatives.

STANDARDS:

- A. Pre-Screening Services are provided to meet the following objectives:
 - 1. Provide immediate evaluation and intervention, 24 hours per day, seven days per week, for persons in crisis.
 - 2. Utilize the natural support system within the individual's environment whenever possible, thereby minimizing the need for treatment in a more restrictive setting.
 - 3. Provide an alternative to hospitalization for acute psychiatric conditions which may be stabilized within a short period of time.

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Service Delivery	02	004	20			
SECTION		DESCRIPTIO	DESCRIPTION			
Clinical and Support Services		Pre-Screening	Pre-Screening for Inpatient Hospitalization			
		and Alternative	and Alternatives			

- 4. Link with LCCMH direct services.
- 5. Provide a support system for individuals with severe mental illnesses thereby minimizing the need for admission or re-admission to the hospital.
- B. The pre-screening process includes alternatives to hospitalization. Alternatives may be any of the following:
 - Engaging existing support systems
 - 2. Providing crisis intervention and medication
 - 3. Establishing outpatient treatment
 - 4. Linking to Mobile Intensive Crisis Stabilization (MICS) services
 - 5. Referral to crisis residential
- C. If no alternative is appropriate, the on-call staff makes arrangements for admission to a hospital.
- D. Emergency mental health evaluations are provided in the jail for inmates who are sober and report suicidal and/or homicidal thoughts or plans and to those in a psychotic state with active hallucinations or delusions. LCCMH staff provide psychiatric consultation to inmates upon request by the jail medical staff.

PROCEDURES:

- A. Pre-Screening Services are provided by a member of the Triage Team or other designated professional clinical LCCMH staff.
- B. Pre-Screening Services include any of the following activities:
 - 1. Crisis intervention
 - Pre-Admission assessment
 - 3. Linking to the appropriate service
- C. A Pre-Admission Screening Form (T1023) is used as the assessment tool to determine the need for psychiatric inpatient hospitalization. The on-call worker is required to fill out this form at the time of disposition.

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- D. If a face-to-face screening for psychiatric hospitalization is required, the on-call staff will meet the person at the Emergency Room of McLaren Lapeer Region or the Lapeer County Jail. The worker is responsible for assessing the needs of the person.
 - 1. If the person requires hospitalization, their willingness to sign into the hospital voluntarily is addressed.
 - 2. If appropriate, a petition for involuntary hospitalization is completed.
 - 3. An individual's blood alcohol level must be below .08 and the attending doctor must provide medical clearance prior to an evaluation.
 - 4. The attending doctor is responsible for determining when the person is sufficiently stabilized for transfer or discharge, in accordance with 42 CFR 438.114(d)(3).
- E. If it is determined inpatient hospitalization is needed, admission to a local inpatient setting will be pursued.
- F. Inpatient hospitalization is a Level II Service and must be authorized by the Region 10 PIHP Access Center. It is the responsibility of the on-call worker to notify the Access Center within 24 hours or next business day of disposition.
- G. All assessments and psychiatric evaluations are entered into the electronic health record.
- H. All assessments completed where hospitalization was not recommended and individual is not a current recipient of LCCMH services, are scanned into the secure department shared folder.

REFERENCE:

42	CF	R	438.	11	4(d)((3)	
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TV:mgr

This policy supersedes # #07/06036 dated 07/03/2006.